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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

09/925,972 Application Number 8/10/01 Filing Date Fei First Named Inventor Group Art Unit

,,	Examiner	Examiner Name				
	Attorney D	ocket Number		16762.0	227	
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To: Assistant Commissioner for Patents Washington, DC 20231				FE	B 1 2 2	2002
I hereby apply to withdraw as attorney or a	agent for the above	identified p	atent appli	cation DII	RECTOR OF OLOGY CEN	FICE TER 2600
The reasons for this request are:						
I, C. Edward Polk, Jr. (Registration Number 4583 employment in the Office of the Solicitor at the Ur My withdrawal is personal and does not affect the	nited States Patent &	Trademark O	ffice beginni			002.
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Name Clarence E	Põlk, Jr.				1 ILC	

NOTE: Withdrawal is effective when approved rather than when received.

1/11/02

Signature

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.